

The Mom-2-Mom Program is not a breastfeeding education program; it is a peer support program designed to help new mothers over the initial challenges and anxieties associated with breastfeeding. Breastfeeding education is handled by installation subject matter experts such as lactation consultants, community health nurses, pediatricians, etc. This program was adapted from a toolkit developed for a successful peer support breastfeeding program.

This program may need to be adapted to the local environment and infrastructure. This tool kit includes only the core components of the program for successful implementation. The work group that champions the peer-support breastfeeding program at an installation can identify areas where local adaptations may be necessary. The work group can also determine what adaptations will be implemented and how each adaptation will function within the program.

Mom-2-Mom

Peer Support Breastfeeding Program

Administrative Resource Guide

The print, internet, and organizational resources referred to in this guide do not in any way constitute Department of Defense endorsement of the private entity, its website, or its products. Resources referred to in this guide are suggestions only.

PREFACE

This Mom-2-Mom Peer Support Breastfeeding Program is designed to assist in the implementation of a volunteer breastfeeding support program tailored encourage new mothers to breastfeed during at least the first two months of an infant's life. This program was developed at the US Army Regional Medical Center. This toolkit was produced for Army-wide distribution through a grant from the Health Promotions and Prevention Initiatives Program, US Army Center for Health Promotion and Preventive Medicine.

This program demonstrated that the critical factors for success in any peer-support breastfeeding program are:

- Communication between program stakeholders
- Command support
- Volunteer instruction that includes role-play scenarios

This program may need to be adapted to the local environment and infrastructure. This tool kit includes only the core components of the program for successful implementation. The work group that champions the peer-support breastfeeding program at an installation can identify areas where local adaptations may be necessary. The work group can also determine what adaptations will be implemented and how each adaptation will function within the program.

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For additional health promotion resources, go to the USACHHPM Directorate of Health Promotion and Wellness web page at: <http://chppm-www.apgea.army.mil/dhpw/>.

**MOM-2-MOM PROGRAM
ADMINISTRATIVE RESOURCE GUIDE**

Table of Contents

Program Summary	5
Historical Background	6
Program Description	6
Volunteer Training.....	6
Program Resource Guide	7
Initial Program Proposal	8
 Program Operations	 11
Program Marketing	12
Volunteer Recruitment and Training	12
Program Referrals	14
Matching Moms to Volunteers	14
Volunteer Contacts.....	15
Follow-up and Documentation.....	15
Maintaining Community Links	16
Program Coordinator Scope of Work	18
 Financial Resources	 20
Sample request for funds	23
 Training.....	 25
• Training Introduction	26
• Training Checklist.....	27
• Course Evaluation.....	28
• Volunteer Notebook Covers	30
• Certificate of Completion	32

Program Summary

Mom-2-Mom Program Summary

Historical Background

The Mom-2-Mom Program was founded to address the lack of breastfeeding support and drop-off in breastfeeding rates between in-hospital initiation and two-month well baby visits. Patterned after similar programs supported by state and local Women, Infants, and Children Program (WIC) offices throughout the U.S., Mom-2-Mom is now an indispensable program for new mothers and the WIC program. The program is entirely volunteer-driven, with funding provided in the past by local spouses' clubs. The US Army Center for Health Promotion and Preventive Medicine's Health Promotion and Prevention Initiatives Program provided a grant to create a "program in a box" to foster development of programs in new locations.

The Mom-2-Mom Program has been very successful. From 2000 to 2002, the program trained over 60 volunteers and helped over 250 new mothers. Collaboration with WIC has more than quadrupled the number of referrals handled by Mom-2-Mom on a monthly basis, and increased the demand for volunteers even more due to the successful advance referral and matching possible as a result of the WIC counselors' regular contact with their clients and their support of the program.

Program Description

The Mom-2-Mom Program matches trained volunteers who have successfully breastfed their own babies one-on-one with new/expectant mothers who would also like to breastfeed and who have requested a "buddy." The volunteer contacts the new mother prior to delivery and at established intervals after maternity discharge, provides encouragement, help and information as needed throughout the first few months of breastfeeding. The volunteer also gives her phone number to the mother for unforeseen questions. Though most Mom-2-Mom contacts are by telephone, volunteers are prepared to make home visits as needed, particularly in the early weeks when problems with positioning and latching may occur. Volunteers are trained to know how and when to refer when a mother or infant has a problem that is beyond the scope of this program. Mothers who are planning to return to work are matched whenever possible with mothers who have successfully done so, providing additional support during the sometimes difficult transition from nursing at home to working, pumping and bottle feeding.

Volunteer Training

All Mom-2-Mom volunteers complete a 7-hour training program covering importance of breastfeeding, basic physiology, breastfeeding positioning and latching, counseling techniques, common issues and concerns, and when and where to refer when circumstances warrant. Training is accomplished through a combination of lecture, discussion and role play, which not only gives the volunteers a chance to practice but allows the program coordinators to evaluate each volunteer's strengths and weaknesses. All volunteers receive *The Breastfeeding Answer Book (La Leche League International)* and receive instructions on how to use it. Additional resources include training program handouts, informative fliers for distribution to new moms, and supplementary books available for loan to volunteers.

The Mom-2-Mom Program is not a breastfeeding education program; it is a peer support program designed to help new mothers over the initial challenges and anxieties associated with breastfeeding. Breastfeeding education is handled by installation subject matter experts such as lactation consultants, community health nurses, pediatricians, etc.

Program Resource Guide

The authors of this program believe that peer counseling, in whatever form, offers an excellent means of addressing the gap in breastfeeding support between hospital discharge and regularly scheduled well-baby visits. The intention of this guide is to offer a comprehensive description of the planning and implementation of the Mom-2-Mom Program, recognizing that every location is unique and every community will need to tailor the program to meet local needs.

Initial Mom-2-Mom Program Proposal

Objective: To improve the breastfeeding success and duration in the community by providing one-on-one peer support to breastfeeding mothers from the time they leave the hospital until breastfeeding is well established. An additional benefit may be to increase the subjective satisfaction/perceived success by the mom of her breastfeeding experience.

Method: New mothers will be matched to volunteers who have successfully* breastfed at least one infant and have been trained in breastfeeding support techniques. Volunteer counselor will be asked to contact her “buddy” within 24 hours of hospital discharge and every few days thereafter to identify problems and concerns, alleviate those she can, and refer to medical support for those requiring intervention. New mothers will be encouraged to call their “buddy” if they have concerns or problems.

Evaluation: Program success will be measured by the following outcomes

- 1) The percentage of infants breastfed at the two-month, six-month, and twelve-month well baby visits as compared to both historical data and to the DHHS Healthy People 2010 goals,
- 2) The number of new mothers being served by the Mom-to-Mom program, and
- 3) Participant satisfaction with the program and breastfeeding as reflected by customer satisfaction surveys.

Program Description:

Mothers who have had successful breastfeeding relationships will be recruited from throughout the local military community and trained to provide basic breastfeeding support and to identify and refer problems requiring medical intervention or lactation consultation. These trained volunteers will then be matched to expectant and recently-delivered mothers who have expressed an interest in having a breastfeeding “buddy.” Volunteers will be asked to regularly contact their “buddy” in the early weeks of breastfeeding, and as needed thereafter, and will be available by phone to their “buddy” for consultation as problems and concerns arise.

Recruitment of Peer Counselors: Notices will be placed in the Pediatric Clinics, the OB/GYN Clinics, and the Family Practice Clinics asking interested mothers to volunteer for the program. Additionally, an email will be requested to be sent to hospital personnel asking for volunteers. As this program matures, we expect that mothers who have benefited from the program themselves will also choose to become volunteers.

Training of Peer Counselors: Volunteers will be required to attend a one-day training program reviewing the importance of breastfeeding, proper breastfeeding techniques, common problems and solutions, identification of problems requiring referral for medical intervention, and good counseling techniques. Medical personnel from the Department of Pediatrics will initially provide training, with the possibility that program coordinators will be trained at a later date to teach the program themselves. Volunteers completing this training will each be provided copies of the *The Breastfeeding Answer Book (La Leche League International)*, *The Womanly Art of Breastfeeding*, and *The Nursing Mothers’ Companion* to use as resources when counseling breastfeeding mothers. Upon leaving the program, volunteers will be asked to return these books for use by future volunteers.

* For purposes of this program, we consider breastfeeding a baby for at least 3 months and feeling it was a positive experience to be “successful.”

Identification and Enrollment of New Mothers: We anticipate several sources of enrollment for women interested in being assigned breastfeeding “buddies.” First, expectant mothers attending the Breastfeeding class should be informed of the program and offered the opportunity to sign up for a “buddy” prior to delivery. Second, posters will be placed in the OB/GYN Clinics describing the program and providing contact information for those wishing to enroll. Finally, breastfeeding mothers on the postpartum ward will be asked by their postpartum nurse if they are aware of the program and offered the opportunity to enroll. In addition to these steps, we encourage providers at the OB/GYN Clinics and Family Practice Clinics to inform expectant mothers about the program when they inquire whether the mother is intending to breastfeed. For mothers who may not have recognized their need for peer support prior to delivery, but are having problems in the early weeks of breastfeeding, referral and enrollment through the various clinics will also be available. In all cases, names of mothers interested in having “buddies” will be given to the Mom-to-Mom volunteer coordinator, who will match them to available volunteers. All conceivable effort will be made to match expectant moms to volunteers prior to delivery where possible, or within 24 hours of discharge from the postpartum ward (or time of enrollment if later) if not.

Peer Support: Once provided the names of their “buddies,” volunteers will be asked to make an initial call to introduce themselves; whenever possible this call should take place prior to the new mother’s delivery. An assessment call should be made within 24 hours of discharge of the mother and baby, identifying concerns and providing encouragement for the mother’s breastfeeding efforts. Further contacts will depend upon the individual needs of the new mother and her baby; however, several follow-up calls within the first two weeks are probably warranted. In addition, the new mother will be encouraged to call her “buddy” with any questions or concerns as they arise. Physical meetings will be left to the discretion of the mother and her “buddy,” with the understanding that certain problems and concerns can only be addressed after a visual assessment. As warranted, volunteers will also be requested to communicate with the family’s Primary Care Manager (PCM) regarding problems and successes. We anticipate peer support needs being most intense in the first two weeks postpartum, tapering off over the next two months, then with only occasional contact if any after the third month of breastfeeding.

Evaluation: The Department of Pediatrics conducted a baseline survey of local breastfeeding practices. We will use these rates as our comparison for the effectiveness of this intervention, and anticipate resurveying the target population within three months of the initiation of this program, and again six months after that. Success of the program would be reflected in an increased number of babies still breastfeeding at the two-month and six-month well baby visits, particularly among mothers participating in the Mom-to-Mom program. Ideally, data will be collected not only at the main Pediatric Clinics but also at the Family Practice Clinics.

Resources Required: We anticipate the need for the following resources:

OB/GYN, Family Practice, Flight Medicine, and Pediatric Clinics:

1. Placement of posters and brochures soliciting volunteers for the program and provide information to expectant mothers interested in enrolling in the Mom-to-Mom program.
2. Refer mothers interested in participating to the Mom-to-Mom program coordinators.
3. Serve as collection point for enrollment cards, to be picked up by program coordinators.
4. Email names of “late-identified” moms requiring support to the program coordinators.

Breastfeeding Class Coordinator:

1. Provide information about the Mom-to-Mom program to parents at the breastfeeding class, including enrollment cards.
2. Collect enrollment cards from interested class participants and provide to program coordinators.

Postpartum Ward/Nursing Staff/Hospital Lactation Staff

1. Placement of posters informing new mothers of the availability of the Mom-to-Mom program, and provision of brochures and enrollment information to new breastfeeding mothers.
2. Email names of recently delivered mothers who want to be matched with a “buddy” to the volunteer coordinator (to ensure prompt matching).
3. Notify program coordinators by email of delivery by enrolled mothers so that appropriate post-discharge contacts can be made.

Main Pediatric Clinic:

1. Serve as medical advisors to the Mom-to-Mom program.
2. Conduct training of Mom-to-Mom volunteers.
3. Coordinate surveys to evaluate program effectiveness.
4. Serve as program “sponsor,” providing program oversight to ensure program is consistent with department goals and acting as a liaison to hospital resources.

Main Wellness Center:

1. Provide facilities for one-day volunteer training programs, expected to take place quarterly.
2. Help with marketing materials as needed.
3. Serve as program “sponsor,” providing program oversight to ensure program is consistent with Wellness Center goals and acting as a liaison to hospital resources.

Spouses’ Association/Officers’ Spouses’ Club

1. Potential source of funding for resource materials distributed to volunteers, to include:
 - *The Womanly Art of Breastfeeding**
 - *The La Leche League Answer Book**
 - *The Nursing Mother’s Companion**
2. Potential source of funding for start-up costs, including training materials, printing of marketing materials, and training program costs.

**Note: The print, internet, and organizational resources referred to in this guide do not in any way constitute Department of Defense endorsement of the private entity, its website, or its products.*

Program Operations

PROGRAM OPERATIONS

Purpose

The purpose of the Mom-2-Mom program is to improve breastfeeding success and duration in the community by providing one-on-one peer support to breastfeeding mothers from the time they leave the hospital until breastfeeding is well established. An additional benefit may be to increase the subjective satisfaction/perceived success by the mom of her breastfeeding experience.

Program Marketing

The program is marketed both to volunteers and new/expectant moms through posters and brochures placed in places they receive care: Community Health Nurse Office, Pediatrics, Family Practice, OB/GYN Clinics, Labor and Delivery, Postpartum Ward, WIC Office, New Parent Support Programs, Pregnancy and Postpartum Physical Training (PPPT) Program, and Health and Wellness Centers. Additional opportunities for marketing the program are: local health fairs, spouses' club activity coffees, World Breastfeeding Week activities and health promotion seminars.

Program contact information can be an issue. Program coordinators change over time and may be out of town when a desperate new mom is trying to reach the program. It is best to establish a permanent number, preferably toll free, that could be forwarded to whoever is the "active" program coordinator at a given time. At the very least, it is important to list 2-3 points of contact to minimize missed phone calls and messages. In order to keep program information current on posters, choose a centralized number where referrals can be noted and forwarded to the current Mom-2-Mom coordinator.

Another way to enhance program contact is to establish a centralized email account for the program. One possibility is to work with the installation's Information Management department to establish an email address that incorporates the name of the program (for example, Mom2Mom@ftswampy.mil).

Volunteer Recruitment and Training

Mothers who have had successful breastfeeding relationships (defined as breastfeeding for a minimum of three months and would recommend the experience to others) should be recruited from the local military community and be trained to provide basic breastfeeding support and to identify and refer problems requiring medical intervention or lactation consultation. These trained volunteers are then matched to expectant and recently-delivered mothers who have expressed an interest in having a breastfeeding "buddy." Volunteers are asked to regularly contact their "buddy" in the early weeks of breastfeeding, and as needed thereafter, and are available by phone to their "buddy" for consultation as problems and concerns arise.

Recruitment of Peer Counselors:

Volunteers may be recruited through an email announcement sent to hospital personnel. Volunteer recruitment posters ask interested mothers to volunteer for the program. Posters should be placed in the Pediatrics, Family Practice, OB/GYN Clinics, Labor and Delivery, Postpartum Ward, WIC Office, New Parent Support Office, Pregnancy and Postpartum Physical Training (PPPT) coordinator office, Health and Wellness Center, and in local preschools. Hopefully, those who have been helped by the program would volunteer to help others. However, frequent PCS and ETS may prevent this from being a significant source of volunteers.

In addition to the initial recruitment methods, setting up a table at the annual Activities Coffees of the local spouses' clubs might be a good source of volunteers, particularly stay-at-home moms. Word of mouth is also an excellent marketing tool, so encourage current volunteers and participants to talk about the program to their friends.

Support from local La Leche League leaders is also helpful. Ask if it is possible to visit meetings to recruit more volunteers. Make it clear that the Mom-2-Mom program will not compete with La Leche League recruitment of group members. Mom-2-Mom is oriented to one-on-one support, not the group support encouraged by La Leche League meetings, and most LLL leaders recognize this is a level of support they cannot provide. Furthermore, because this support is focused on the first two months, LLL leaders recognized that this leaves ample opportunity for breastfeeding moms to become involved in their local La Leche League program later.

Training of Peer Counselors:

All Mom-2-Mom volunteers must complete a training program covering importance of breastfeeding, basic physiology, breastfeeding positioning and latch, counseling techniques, common issues and concerns, and when and where to refer when circumstances warrant. Training is accomplished through a combination of lecture, discussion and role play. The training gives the volunteers a chance to practice and allows the program coordinators to evaluate each volunteer's strengths and weaknesses.

All volunteers should receive *The Breastfeeding Answer Book (La Leche League International)* and receive instructions on how to use it. Additional resources can include training program handouts, informative fliers for distribution to new moms, and supplementary books available for loan to volunteers. A copy of all handouts distributed to volunteers is included in the *Mom-2-Mom Volunteer Resource Guide*.

A sample training schedule is included in the Volunteer Resource Guide. Mom-2-Mom volunteers have a variety of backgrounds that can be leveraged during training (medical, counselors, LLL leaders, etc). Ideally, a "medical" person (i.e. a medical advisor) can present the information about anatomy and physiology. A program coordinator can present information regarding program mechanics/content and expectations of the volunteers. An individual knowledgeable about teaching/counseling/communications can discuss counseling techniques. Depending upon local talent and resources 1-3 people (or more) can tackle these content areas. Presentations should be simple and open to questions. .

The importance of role play cannot be stressed enough. For many volunteers, this counseling role will be new; for others, being a "peer" (rather than a professional) in a counseling relationship may also be new. The role play scenarios are meant to be fun: use props (phones and baby dolls), arrange chairs so that the counselor can't see the "mom." There are 6 scenarios. Divide the new volunteers into groups and give each group an idea of what issues they as a group will be tackling, then give them the opportunity to study ahead with their new materials (remind them that it is okay to call a mom back after doing some reading....all questions cannot be immediately answered). It is vital at some point to have a new volunteer coach a proper latch over the phone. The role-play "moms" need to embellish the roles.....they need to convey their emotions, mislead the volunteers, and otherwise get the volunteers thinking on their toes. It is best to have two "actresses" who can alternate scenarios so that they each can prepare for the next role.

Remember a fundamental principle of adult learning is DOING, so make sure each new volunteer has the opportunity to participate in the role play. Often the phone is passed around the group during the

role play. It may help to have the more outgoing volunteers start each role play with the quieter ones taking their turn over time.

Program Referrals

Plan to receive referrals from a number of sources. Some referrals may come from the postpartum ward; however, nursing staff frequently do not have time to effectively explain the program. In addition, postpartum moms are often too overwhelmed with information and responsibilities to make reasoned choices at this stage. Provide program and referral information to the WIC program, New Parent Support program, local lactation consultants, pediatricians, the OB/GYN clinic, and the PPPT program. Ideally we would like to see more pre-delivery referrals through the OB/GYN clinic, but have not been successful in engaging them in the process. Experiment with having the program mentioned during the OB orientation classes, although this may be too early for most mothers to make a decision. Be patient but persistent in marketing the program to new organizations.

Because of the volume of referrals, make arrangements for volunteers to pick up referral forms from a central location at the referring sites at least every other week. Volunteers should contact the program coordinator if they receive a referral for a mom who is too close to delivery to wait. Other organizations can either call the program coordinator or email referrals. Expect to receive a small number of self-referrals by phone and email, primarily from moms who are having difficulties after they leave the hospital or who see the marketing materials and are not linked into any of the regular referral routes. Check email once or twice a day to make sure a self-referral is not missed, since these usually require prompt response.

Referrals received several months in advance of delivery should be marked as “unmatched” in your filing system or database. Match these referrals no less than four weeks before the listed due date – six weeks is ideal. Moms matched for longer than that may get “lost in the shuffle” and the volunteer base could get overextended.

Matching Moms to Volunteers

New mothers are matched to volunteers who have successfully breastfed at least one infant and have been trained in breastfeeding support techniques. Volunteers are designated in your filing system or database by whether they are active duty, a civilian employee or otherwise employed, or a stay-at-home mom. This information helps match active duty new moms and others who will be returning to work with active duty or civilian employee volunteers who have returned to work while breastfeeding an infant and pumping. Because working mothers are less likely to volunteer than stay-at-home moms, this goal cannot always be accomplished. If a new mom has questions about pumping and returning to work, find a volunteer who can support her through that process. Other match criterion include location, specific issues/concerns when we know about them (inverted nipples, caesarean section, frequent feeder, nursing twins or premature infants), and of course availability.

Try to make sure that volunteers have only one new mom actively requiring attention (from delivery through about the first month) unless they know they can handle more, or that the mom they are currently working with is low maintenance. Some volunteers are reluctant to commit to a new mom if the one they were previously assigned has not yet delivered as there is no way to know in advance if a new mom will require a lot of time and attention until they deliver. Remember: Mom-2-Mom volunteers are generally mothers of small children; they have many demands on their time and attention, and we want to help them be successful!

Volunteer Contacts

Volunteer counselors are asked to contact their “buddy” within 24 hours of hospital discharge and at established intervals thereafter to identify problems and concerns, alleviate those they can, and refer to medical support for those requiring intervention. New mothers are encouraged to call their “buddy” if they have concerns or problems. We recommend that at a minimum volunteers contact their “buddy”:

- Within 24 hours of referral
- Within 24 hours of hospital discharge if referred prior to delivery
- Three days after discharge (to manage possible engorgement and latch issues)
- One week after discharge
- When the baby is approximately one month old.

Some mothers require more contact than this; it is not enough to expect new moms to call their volunteer with problems. Often new moms are too tired, intimidated, have lost the volunteer’s phone number, don’t want to be a bother, etc. If a new mom reports that everything is going well, volunteers are encouraged to ask some follow up questions:

- Is your milk in?
- How many wet/dirty diapers is the baby having?
- How often is your baby feeding?
- Do you have any pain when nursing your baby?
- Review basic positioning and latch.

The need for peer support is generally most intense in the first two weeks postpartum, tapering off in most cases by the time the baby is two months of age with an occasional phone call after that regarding specific concerns such as teething and sleep patterns.

Follow Up and Documentation

Provide volunteers with a Client Consult Form on which to record contacts with their “buddy.” Do not ask them to document every contact, only those with significant issues – though encourage volunteers to email the Program Coordinator once they make contact with a mom or are unable to reach the mom to whom they are assigned. Have Client Consult Forms returned to the Program Coordinator by email, fax, or Postal Service.

If there is a problem with inadequate/incorrect phone numbers, check to make sure it was a transcription error. In some cases, the mother may have provided a duty number at which she can no longer be reached or a cell phone which is not answered. Whenever possible, reconfirm the contact number through the referral source.

There may also be a problem, particularly postpartum, with messages not being passed to new mothers by protective husbands and grandmothers – this is probably related to the number of organizations supporting new mothers, some welcome and some unwelcome. In addition, some people do not have answering machines, making it difficult to establish contact if they are on the move. Encourage volunteers to be persistent, and to let the Program Coordinator know if they are unable to reach their buddy within a week after referral.

Volunteers who encounter situations for which they are unsure of the answers are encouraged to contact the Program Coordinator or, if appropriate, one of the Medical Advisors. Particularly in the

early months of volunteering, it provides a level of security for volunteers to be able to “check” their advice with someone more experienced.

Community Linkage and Support

The Mom-2-Mom program can interact with a number of groups, both for referrals and for resources. Regular contact with these groups by program coordinators significantly increases the likelihood of support. A reliable contact person should be identified and cultivated at each location. The following are examples of organizations that can be asked to participate:

Postpartum and Labor and Delivery Nursing Staff, OB/GYN Clinic, Family Practice Clinic, NPSP, PPPT, ACS, Youth Center, Wellness Center, CHN Clinic, and Pediatric Clinic:

1. Place posters and brochures soliciting volunteers for the program and provide information to expectant mothers interested in enrolling in the Mom-2-Mom program in their waiting rooms and exam rooms.
2. Refer mothers interested in participating to the Mom-to-Mom program coordinators.
3. Email names of “late-identified” moms requiring support to the program coordinators.

Breastfeeding Class Coordinators:

1. Provide information about the Mom-2-Mom program to parents at the breastfeeding class, including enrollment cards.
2. Collect enrollment cards from interested class participants and provide to program coordinators by mail or email.
3. Place posters informing new mothers of the availability of the Mom-to-Mom program on the wards, and provide brochures and enrollment information to new breastfeeding mothers.
4. Email names of recently delivered mothers who want to be matched with a “buddy” to the volunteer coordinator (to ensure prompt matching).
5. Notify program coordinators by email of delivery by enrolled mothers so that appropriate post-discharge contacts can be made.

Postpartum and Labor and Delivery Nursing Staff, OB/GYN Clinic, Family Practice Clinic, PPPT, CHN Clinic, and Pediatric Clinic:

1. Serve as medical advisors to the Mom-2-Mom program.
2. Conduct training of Mom-2-Mom volunteers.
3. Coordinate surveys to evaluate program effectiveness.
4. Serve as program “sponsor,” providing program oversight to ensure program is consistent with department goals and acting as a liaison to hospital resources.

Wellness Center and ACS:

1. Provide facilities for one-day volunteer training programs, which take place quarterly.
2. Maintain Mom-2-Mom Resource Library for access by volunteers.
3. Provide brochures and enrollment information to prospective volunteers and expectant mothers.

Spouses’ Association and Officers’ Spouses’ Club:

1. Provide funding for resource materials distributed to volunteers, to include: *The Breastfeeding Answer Book (La Leche League International)*
2. Volunteer Resource Guide
3. Provide funding for start-up costs, including training materials, printing of marketing materials, and training program costs.

4. Provide funding for ongoing marketing costs, primarily printing of brochures and posters and website fees.

Program Coordinator Scope of Work

25-40 hours/week (depending on administrative support)

General Description:

Recruits and trains volunteers to participate in peer counseling efforts, markets program to expectant mothers and agencies/organizations who work with them, matches new/expectant moms to trained volunteers as needed, maintains Mom-2-Mom data repository of volunteers and expectant moms, and serves as point of contact for all elements of the Mom-2-Mom Program.

Required Skills:

Program development, implementation and management
Ability to communicate clearly both verbally and in writing with a variety of people
Organizational/planning ability
Computer and Internet literacy
Knowledge of breastfeeding best practices

Preferred Skills:

Database management (Excel or Access)
Marketing
Lactation consultant or educator
Adult education/training

Duties to be Performed:

1. Responsible for program and training curriculum development and oversight, including identification, procurement, and allocation of resources necessary to accomplish program goals.
2. Responsible for the recruitment, training, and management of Mom-2-Mom volunteers, including matching to new/expectant moms, fielding volunteer questions, and reviewing volunteer consult forms.
3. Serve as primary point of contact for new/expectant mothers, Mom-2-Mom volunteers, and referring agencies regarding matching of new moms to volunteers, referrals to other resources as needed, volunteer training, breastfeeding advice, and all other aspects of the Mom-2-Mom program.
4. Serve as liaison to other organizations/facilities serving expectant mothers, including WIC, New Parent Support, local Health and Wellness centers, Family Support Centers, area clinics, and MTF.
5. Prepare and distribute marketing materials for volunteer recruitment and enrollment of new/expectant mothers.
6. Oversee financial management of the Mom-2-Mom program, including budget preparation, purchasing, fundraising, and grant applications.
7. Conduct semi-annual survey of program enrollees and volunteers to collect program outcomes and document program success.

Daily/as needed

Check for referrals and match as needed.
Match moms requesting buddies to volunteers for support.
Field phone calls from volunteers with questions and follow-up issues.
Field phone calls from new moms seeking urgent help.

Weekly

Pick up referral forms from designated locations and other drop locations.

Match moms requesting buddies in advance of delivery to volunteers for support (4-6 weeks prior to delivery).

Review volunteer consult reports.

Monthly

Maintain regular contact with referring organizations to ensure proper support/referrals.

Ensure marketing materials (posters, brochures, contact cards) are in place in all participating organizations:

- WIC
- Pediatrics, Family Practice, and OB/Gyn clinics throughout MTF/clinics
- New Parent Support Programs
- Breastfeeding classes
- Postpartum ward
- Labor and Delivery
- Family Support Centers
- Army Community Services

Quarterly

Train new volunteers to act as peer counselors.

Prepare peer counselor training materials.

Review training critiques and adjust training as needed.

Arrange printing of brochures and posters as necessary.

Annually

Survey population and program participants to track program outcomes.

Ongoing

Recruit new volunteers and provide information to potential enrollees through presentations/displays at appropriate locations.

- Local Spouses' Clubs
- La Leche League meetings
- Health Expos
- World Breastfeeding Week events
- Family Support Centers

Maintain visibility of the program through presentations and briefings to the medical community and the general community.

Continue to seek funds to support the program (books, marketing materials, training materials) from spouses' clubs, grants, etc.

Financial Resources

FINANCIAL RESOURCES

Start-up Expenses: (Estimates based on 2003 program)

Start-up expenses for the Mom-2-Mom Program include the following:

30 - <i>The Breastfeeding Answer Book</i> , La Leche League Intl., \$35/ea. + S/H ¹	\$1154.85
20 – “New Mom” posters, mounted @ \$18/ea.	\$360.00
10 – “Volunteer” posters, mounted @ \$18/ea.	\$180.00
1000 – “New Mom” brochures, one color on colored paper	\$200.00
1000 – “Volunteer” brochures, one color on colored paper ²	\$200.00
30 – Volunteer Resource Guides (in folders) @ \$5/ea.	\$150.00
Library Resources:	\$235.87
4 - <i>The Nursing Mother's Companion</i> , Kathleen Huggins	
2 - <i>The Nursing Mother's Guide to Weaning</i> , Kathleen Huggins/Linda Ziedrich	
4 - <i>The Womanly Art of Breastfeeding</i> , La Leche League International	
2 - <i>Working Mother, Nursing Mother</i> , Gale Pryor	
1 - <i>Mothering Multiples</i> , Karen Gromada	
1 - <i>Breastfeeding Pure and Simple</i> , Gwen Gotsch	
2 - <i>So That's What They're For! Breastfeeding Basics</i> , Janet Tamaro	

Total Start-Up Costs	<u>\$2,480.72</u>
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Cost of Ongoing Operations

As more volunteers are added over time, more copies of *The Breastfeeding Answer Book* and the Volunteer Resource Guides may be needed. Also, copies of *The Breastfeeding Answer Book* and Thomas Hale’s *Mother’s Milk and Medications* can be placed at key locations within the hospital (Postpartum Ward, Labor and Delivery, Pediatric Clinic, Family Practice Clinic, and Emergency Room) in order to provide reliable information to nursing mothers.

Posters can be placed in each exam room at the OB/GYN, Family Practice, and Pediatrics Clinics, as well as in the office of each counselor in the WIC office. Brochures must be reprinted regularly - it is important to print some excess because a number of locations will need to be stocked and it will not be immediately clear how quickly each location will distribute them.

Program coordinators should have licensed copies of Microsoft Excel/Microsoft Access and Microsoft Word to create marketing and training materials and create a spreadsheet or database to track participants and volunteers.. This would be an additional program expense if they do not.

As the program matures, expenses may be reduced to replacement of marketing materials (brochures and posters) and Volunteer Resource Guides. Ask that volunteers return their *Breastfeeding Answer Book* when they leave the program. A stock of 50 books is adequate to support the program.

¹ \$35/ea. if purchasing a minimum of 10 books, with a S/H charge of \$34.95 per box of 10 books.

² Don’t really need this many for start-up, but it costs almost as much to have 500 printed.

The cost of maintaining a stand-alone email address and/or website will also add to ongoing expenses.

Possible Sources of Financing

Officers' Spouses' Club

Spouses' Association

In-kind support (for copying materials) from Pediatrics, OB/GYN, etc.

Private donations

Local La Leche League

SAMPLE

OFFICER'S SPOUSES' CLUB WELFARE REQUEST FORM

Organization: Mom-2-Mom Breastfeeding Support Program ____ POC: (NAME) _____

Location: (LOCATION) ____ Phone: (PHONE) _____

Mailing Address: ADDRESS _____

Requested Amount: \$800 _____ Date Funds Needed By: _____

Payable To: _Mom-2-Mom c/o Program Coordinator _____

.....

Funds to be used for (be as detailed as possible):

Printing of marketing brochures targeted to expectant moms and volunteers (\$600)

Training materials for volunteers (\$200)

Total Cost of Project: \$1200/year__ Number of Individuals who will benefit from these funds: 250+annually

Fund Raisers to Date (event and amount): N/A _____

Funds received from other organizations (source and amount):

2001-2002: \$750 – private donations; \$5600 - Army Health Promotions Grant (to develop “program in a box” for distribution to other communities)

Is your organization:

Eligible for appropriated or non- appropriated funds? Yes No

A MWR Facility? Yes No

Proper authorization on each request must be obtained. If the request is from an MWR organization, the MWR Commander or Deputy Commander’s signature is required. Otherwise Unit or Clinic Commander’s, Principal’s, President’s signature is required.

Signature Title Date

RETURN THIS FORM TO:
Fill in local installation information

For Official Use Only

Approved/Denied	Voucher #	Check #	Date-
Budget Category			

Training Materials

Training Introduction

- I. Housekeeping Details
 - Bathroom location
 - Food and drink location
 - Times of breaks and lunch
- II. Volunteer Registration
 - Complete form (if not already done)
- III. Program Background and History
 - Many moms are breastfeeding at discharge but quit before infant's 2-week check up because of lack of support
 - Administrative functions run by Program Coordinator
 - Medical oversight provided by physician volunteer (usually pediatrician)
 - Program is inexpensive to operate
 - Funding sources: Wives clubs, spouse associations, MTF
- IV. How the program works
 - Completely volunteer program (medical experts are also volunteers)
 - Liability issues: This is a peer program. Volunteer is a "buddy" and does not present herself as a medical professional.
 - New moms sign up and are paired with a similar "buddy."
 - Volunteers are trained to respond knowledgeable to basic questions. However, volunteers are encouraged to refer new moms and/or infants if there is any doubt.
 - The program is designed to support the new mom as she breastfeeds through the baby's first two months.
- V. Program Guidelines
 - Volunteer Resource Guide
 - Referral List/Medical Advisors
 - Resource books
 - Scenarios: Role-playing is an essential component of the program and helps the new volunteers become comfortable providing peer support. Scenarios can be modified as needed to better fit the installation and local community.

Training Checklist

Administrative

- ☐ Attendee List
- ☐ Volunteer Registration Forms
- ☐ Attendee Nametags
- ☐ Program Personnel Nametags
- ☐ Certificates of Completion for Attendees
- ☐ Copies of *The Breastfeeding Answer Book*
- ☐ Volunteer Resource Guides
- ☐ Volunteer Resource CDs
- ☐ Mom-2-Mom Scenarios – copies for all attendees
- ☐ Quick Scenarios – copies for all attendees
- ☐ Course Evaluations
- ☐ Pens

Presentation

- ☐ Flipchart and markers
- ☐ Visual displays (i.e. anatomical drawing of breast)
- ☐ Baby doll (for modeling latch, role play, etc.)
- ☐ Cell phones or play phones (for role play)
- ☐ Selection of books listed under “Library Resources”
- ☐ LCD projector and laptop
- ☐ Screen

Amenities

- ☐ Coffee
- ☐ Milk/creamers, sugar, artificial sweetener
- ☐ Water
- ☐ Juice
- ☐ Other drinks as desired
- ☐ Breakfast pastries/coffee cake
- ☐ Afternoon snack (brownies/cookies are easy to handle)
- ☐ Cups/plates/napkins/forks/spoons

Mom-2-Mom Volunteer Training Course Evaluation

Presenters:	
Date:	
Directions: Using the 1-5 rating scale provided, please rate the following aspects of the course by circling your response.	

	Needs Improvement		Acceptable	Outstanding	
Overall Course:					
Content	1	2	3	4	5
Room and Amenities	1	2	3	4	5
Visual Aids	1	2	3	4	5
Length of Course	1	2	3	4	5
Pace of Course	1	2	3	4	5
Course Components:					
Introduction	1	2	3	4	5
Support Sources / Notebook	1	2	3	4	5
Anatomy and Physiology	1	2	3	4	5
Position, Latch, and Suck	1	2	3	4	5
Giving Effective Help	1	2	3	4	5
Role-playing	1	2	3	4	5
Liability and Documentation	1	2	3	4	5
Presenters:					
Knowledge of subject matter	1	2	3	4	5
Responsiveness to questions	1	2	3	4	5

What best prepared you to be a peer support volunteer? What was useless to you?

How can the course be improved?

With the materials and support available and this training, do you feel prepared to support nursing mothers? What could better prepare you?

Your name (OPTIONAL): Additional comments on back:

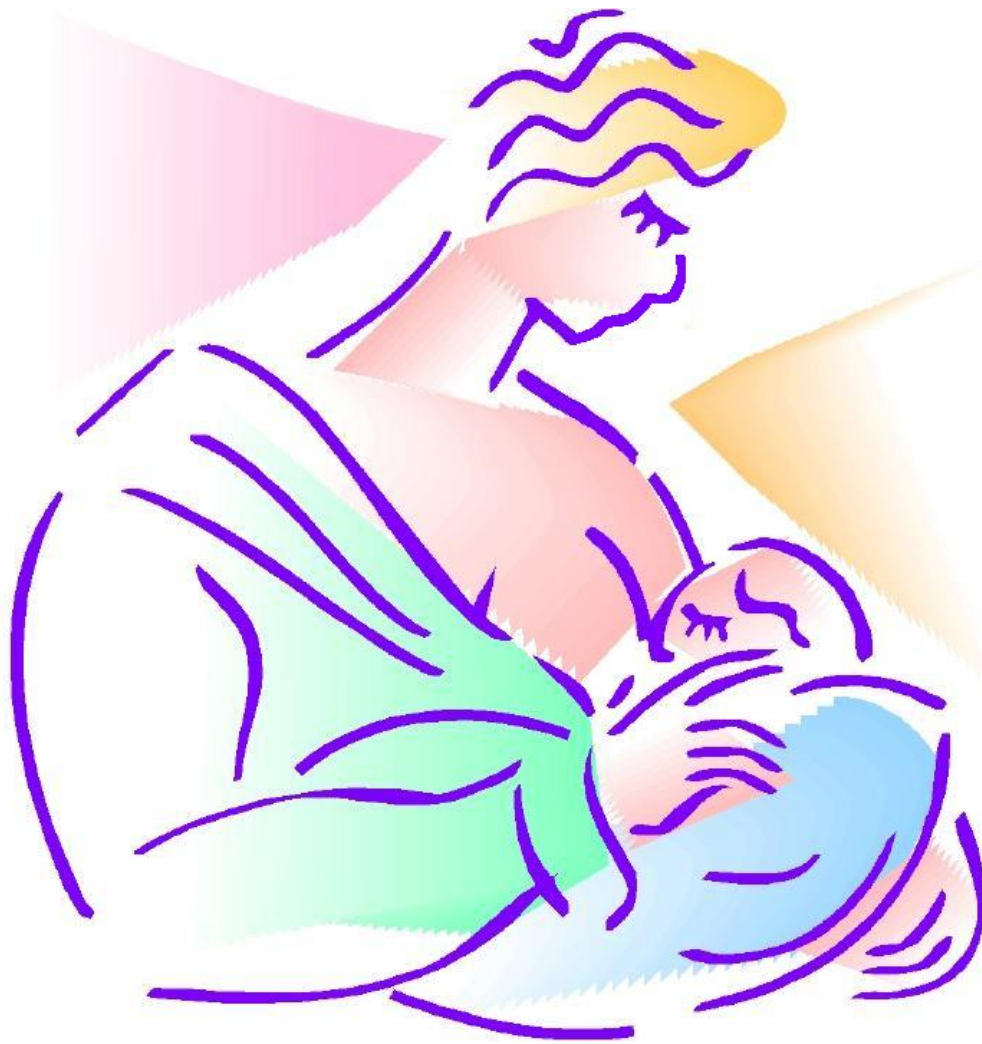
Volunteer Resource Guide Covers

Color

Black and White

(Use “Print Preview” to see covers and Certificate of Completion)

Mom-2-Mom



Volunteer Resource Guide

Mom-2-Mom



Volunteer Resource Guide

Certificate of Completion

Presented By
Mom-2-Mom Program

To
(Name)
For successfully completing the
Mom-2-Mom Volunteer Training

Presented this
(Date)
(Installation)

Signature

Signature

